

ISSUE SLIP STAMP (for additional cases references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|----------|--------|----------|
| FEE DETERMINATION | 10 | 71530 | 10-15-99 |
| O.J.P.E. CLASSIFIER | 32 | | 10/19 |
| FORMALITY REVIEW | | 69916 | 10/26/99 |

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Date |
|----------------|---------|
| Final Original | |
| 1 | 3/18/01 |
| 2 | 3/18/01 |
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| Claim | Date |
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| Claim | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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